

FILED JAN 19 1949

State File No.

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Centralia, Mo

(c) Name of hospital or institution: 221 South Hickman St

(d) Length of stay: In hospital or institution: 1 (Specify whether)

In this community: 1 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Boone

(c) City or town: Centralia - 0

(d) Street No.: 221 South Hickman St.

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: VANNIE E. RENE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F | 5. Color or race: W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: JUNE 27 - 1872

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8 year 1949 hour 7 minute 45 PM

21. I hereby certify that I attended the deceased from: Sept 7, 1945, to Jan 8, 1949, that I last saw her alive on Jan 7, 1949, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chronic

Due to: Arteriosclerosis

Other conditions: Bronchitis, chronic

8. AGE:	Years	Months	Days	If less than one day
	76	4	10	hr. min.

Duration

15 yrs

20 yrs

9. Birthplace: Audrain Co. Mo

Due to:

Other conditions:

10. Usual occupation:

11. Industry or business:

12. Name: Patrick Vance

13. Birthplace: D.S. Grant

14. Maiden name:

15. Birthplace: D.S. Grant

Major findings: Of operations:

Of autopsy:

PHYSICIAN:

Underline the cause of which death should be charged statistically.

16. (a) Informant: Mrs. Pat Rene

(b) Address: Centralia, Mo

17. (a) Burial (b) Date thereof: JAN 10 - 1949

(c) Place: burial or cremation: Centralia, Mo

18. (a) Signature of funeral director: Gene Jensen

(b) Address: Centralia

19. (a) Jan 13 - 1949 (b) Maud McBride

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. Lachance (M. D. or other): M.D.

Address: Centralia, Mo Date signed: 1-12-49

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
JAN 18 1949
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Registered Apprentice No.
working under my personal supervision.

Signed

George J. Jernigan

Licensed Embalmer No. 4570

P. O. Address

Central

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.